

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040353

318

1003

10433-62-040353

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 13 1962

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Rev. 4/59

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BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Length of stay in 1b

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

5270

5070 Beacon Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

WALTER

Middle

LOUIS

Last

HUEHNERHOFF

4. DATE OF DEATH

Month

Oct.

Day

30

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/3/1887

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Cutter

10b. KIND OF BUSINESS OR INDUSTRY

Brauer Bros Shoe

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Jessie Montquite

14. NAME OF HUSBAND OR WIFE

Clara Huehnerhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No. ☒ Yes ☐ *****

17. INFORMANT

Clara Huehnerhoff

Address

5270

5070 Beacon Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio-sclerotic heart disease

DUE TO (c)

420'0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 18 - 1962, to 10-30-62 and last saw him alive on 9-26-62

Death occurred at 10-30-62 2:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Clarence H. Miller M.D.

(Degree or title)

22b. ADDRESS

3121 Grand St. Louis, Mo.

22c. DATE SIGNED

10-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Nov. 2 1962

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Memorial

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

JOHN STYGAR & SON

ADDRESS

5541 RIVERVIEW BLVD.

25. DATE RECD. BY LOCAL REG.

OCT 31 1962

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3980

P. O. Address St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.